

UNITED STATES DEPARTMENT OF ENERGY EMERGENCY OPERATIONS TRAINING ACADEMY

VIDEO TRAINING Course Completion Information

Date: _____

This memorandum is to advise that I have completed the following training course through Video Training:

Course Number: _____ Course Date: _____

Course Name: _____

- ☐ Enclosed is my completed examination for the above referenced course (if applicable).

Student:

Name (Print): _____

Signature: _____

Title/Position: _____

Site: _____

Social Security #: _____

Supervisor:

Name (Print): _____

Signature: _____

Site Training Point of Contact:

Name (Print): _____

Signature: _____

Certificate return address:

